

**CARDIAC DIAGNOSTICS USING TIME COMPENSATED STRESS TEST
CARDIAC MRI IMAGING AND SYSTEMS FOR CARDIAC DIAGNOSTICS**

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Related Applications

This application claims the benefit of priority of U.S. Provisional Patent Application Serial No. 60/399,275, filed July 29, 2002, and U.S. Provisional Patent Application Serial No. 60/421,704 filed October 28, 2002, the contents of which are
10 hereby incorporated by reference as if recited in full herein.

Field of the Invention

The present invention is related to cardiac diagnostics and more particularly to stress test cardiac diagnostics using magnetic resonance imaging (MRI) methods.

Background of the Invention

15 The heart is a muscle that continuously pumps blood, transporting life sustaining oxygen and nutrients to the major organs and tissues of the body. As such, the heart needs a large supply of oxygen and nutrients. The heart receives its blood from three major coronary arteries. If any one of these arteries becomes narrowed or blocked, blood flow and oxygen to the heart is restricted, the performance of your
20 blood pump is impaired, and permanent damage to the heart can occur. An impaired or damaged heart can significantly impact quality of life and even result in death.

Coronary artery disease (CAD) is the primary cause of narrowing and blockage of the arteries to or in the heart. It is the leading cause of death in the United States. Although the rate of death due to CAD has declined steadily over the
25 last few decades, the overall incidence of CAD and the impact it will have on the population and the cost of health care is expected to grow dramatically over the next 20 – 30 years due to the aging population. CAD already costs the U.S. an estimated \$100 billion annually in medical care and lost productivity. Therefore, the tests for CAD that can improve the accuracy of cardiac evaluations, particularly in early stage
30 coronary heart disease/CAD, may be beneficial. Tests that may allow physicians to make explicit diagnoses and treatment plans, that may reduce unnecessary tests, surgeries and hospital stays, may reduce anxiety, discomfort and risk to the patient

and/or may allow for the assessment of therapeutic efficacy may be particularly beneficial.

5 The ability to mitigate and circumvent the effects of CAD has improved over the years as a result of the prior development of increasingly sophisticated cardiac tests and procedures. The "gold standard" of cardiac tests is generally recognized as cardiac catheterization and angiography. This test is most commonly used in determining the location and the severity of the effects of CAD. However, a cardiac catheterization procedure is an expensive procedure that typically requires hospitalization because it is invasive and has potential for complications. As a result, 10 cardiac catheterization procedures are generally only used when a patient has undergone other non-invasive tests such as cardiac stress tests with significant abnormal results. More than one million cardiac catheterization procedures are performed each year at a cost estimated to be between about \$3-\$5 billion.

Cardiac stress tests may be particularly important in evaluating the heart and 15 its coronary arteries because often the presence of CAD and its effects are missed when tests are performed on a patient at rest. It is only when the heart is stressed by either exercise on a treadmill or exercise bike, or where the maximal exercise is simulated by the introduction of special chemicals or drugs (drug-induced stress) to the heart of patients who for various reasons are unable to perform actual physical 20 exercise, that the symptoms of CAD can be reliably detected over much of the population. Currently, the most commonly used stress tests include the exercise (treadmill) stress test, the stress echocardiogram (ultrasound), and the nuclear perfusion stress test.

These three tests have varying levels of complexity, accuracy, availability, and 25 cost. The ECG exercise stress test is the most widely available and used stress test and the least costly to administer. It relies on detection of changes in ST segments on a 12-lead echocardiogram; it is variable in its accuracy, producing a significant number of false positive and negative results. Consequently, patients often undergo supplemental imaging during their stress test with echocardiography or radionuclide 30 scintigraphy. The sophistication of both echocardiography and radionuclide scintigraphy stress tests typically require that they be administered and evaluated by a specialist. Typically, a trained ultrasound technician or a cardiologist administers a stress echocardiogram, and a technician certified in the handling of radioisotopes

along with a cardiologist or radiologist administers a nuclear perfusion stress test. Results in both testing protocols generally need to be evaluated by a cardiologist in order to make an accurate diagnosis. The test selected for administration is typically determined by the cardiologist based on the findings of the physical and medical
5 history of the patient and the cardiologist's clinical judgment. Each test has a degree of inaccuracy. The echocardiography has an almost 10 - 15% failure rate where a diagnosis cannot be made. Obstacles that may prevent the capture of good images for diagnosis may cause this failure rate. Scar tissue from chest surgeries, excessive patient body fat and lung disorders that capture excessive oxygen in the lungs are
10 examples of such obstacles. Stress echocardiography tests, for varying reasons, also produce a significant number of false negative results. The nuclear perfusion stress tests are highly sensitive and are prone to produce an equally significant number of false positive results.

With over 1.3 million stress echocardiography tests performed each year with
15 a 10-15% failure rate, there are potentially over \$100 million unnecessary or clinically unreliable stress echocardiography tests done each year. This stress echo failure rate results in an increase in the number of nuclear perfusion stress tests, which are known to have a high incidence of false positive results. A false positive cardiac stress test may increase the number of expensive, unnecessary cardiac catheterization
20 procedures and their associated required hospital stay and added anxiety, discomfort and medical risk for the patient. The significant number of false negatives from stress echocardiography tests may increase the risk of heart attacks and sudden death from undetected advanced CAD and/or successful earlier intervention in early stages of CAD.

25 Accordingly, a need exists for reduced cost, increased accuracy and/or increased availability stress testing for cardiac diagnostics.

Summary of the Invention

Embodiments of the present invention provide methods of cardiac diagnostics
30 of a patient that include administering a stress test to the patient, acquiring a plurality of MRI cine loops of the heart of the patient at a plurality of heart rates and levels of pharmacologic or exercise induced stress, adjusting the plurality of MRI cine loops based on a heart rate associated with respective ones of the MRI cines so as to

compensate for differences in heart rate and evaluating the compensated MRI cine loops so as to assess a state of coronary physiology of the patient. Furthermore, the administration of the stress test may be adjusted based on the evaluated compensated MRI cine loops. Also, the evaluation of the compensated MRI cine loops may
5 determine a presence or absence of myocardial ischemia or viability based on the displayed cine loops.

In further embodiments of the present invention, a plurality of the compensated MRI cine loops are simultaneously displayed. For example, a plurality of cine loops for differing locations associated with the heart of the patient for a single
10 dosage of a stress inducing agent or level of exercise. A plurality of cine loops for a single location associated with the heart of the patient for differing dosages of a stress inducing agent could also be displayed.

In still other embodiments of the present invention, the plurality of MRI cine loops are adjusted by adding frames to and/or removing frames from at least one of
15 the plurality of MRI cine loops. Frames may be added to and/or removed from respective ones of the MRI cine loops such that all of the MRI cine loops have a same number of frames. Frames may be added by repeating frames of an MRI cine loop. Also, the frames that are added or removed may be evenly distributed throughout an MRI cine loop. In particular embodiments, the MRI cine loops are compensated such
20 that corresponding frames in each of the plurality of MRI cine loops correspond to a common relative time within a cardiac cycle of the patient.

In additional embodiments of the present invention, the plurality of MRI cine loops are adjusted by adjusting a duration of display of frames of a least one of the plurality of MRI cine loops such that each of the MRI cine loops has a common total
25 duration. The frames for which the duration is adjusted may be evenly distributed throughout the MRI cine loop.

In further embodiments of the present invention, evaluating the compensated MRI cine loops is provided by comparing at least two of the plurality of cine loops to each other. Furthermore, one of the two of the plurality of cine loops may be a
30 baseline MRI cine loop. Frames of the plurality of MRI cine loops may be registered to the baseline MRI cine loop.

In other embodiments of the present invention, MRI cine loops are displayed by adjusting a characteristic of one frame of a plurality of frames of an MRI cine loop

and propagating the adjustment of the one frame to other frames of the MRI cine loop. Furthermore, where a plurality of other MRI cine loops are displayed, the adjustment of the one frame to may be propagated to frames of the other MRI cine loops.

5 Additionally, the adjustment may be cropping a frame of the plurality of frames to provide a portion of the frame. The adjustment could also be adjusting a display level of the frame.

As will be appreciated by those of skill in the art in light of the present disclosure, embodiments of the present invention may be provided as methods, systems and/or computer program products.

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Brief Description of the Drawings

Figure 1 is a block diagram of an MRI system suitable for use according to embodiments of the present invention.

15 **Figure 2** is a block diagram of a data processing system suitable for use according to embodiments of the present invention;

Figure 3 is a more detailed block diagram of a data processing system suitable for use according to embodiments of the present invention;

Figure 4 is a flowchart illustrating operations according to embodiments of the present invention.

20 **Figure 5** is a screen capture of an exemplary cine-loop display.

Figure 6 is a flowchart illustrating operations according to further embodiments of the present invention.

Description of Embodiments of the Invention

25 The present invention now will be described more fully hereinafter with reference to the accompanying drawings, in which illustrative embodiments of the invention are shown. This invention, however, should not be construed as limited to the embodiments set forth herein; rather, these embodiments are provided so that this disclosure will be thorough and complete, and will fully convey the scope of the
30 invention to those skilled in the art.

As will be appreciated by one of skill in the art, the present invention may be embodied as methods, systems, or computer program products. Accordingly, the present invention may take the form of an entirely hardware embodiment, an entirely

software embodiment or an embodiment combining software and hardware aspects all generally referred to herein as a "circuit" or "module." Furthermore, the present invention may take the form of a computer program product on a computer-usable storage medium having computer-usable program code embodied in the medium.

- 5 Any suitable computer readable medium may be utilized including hard disks, CD-ROMs, optical storage devices, a transmission media such as those supporting the Internet or an intranet, or magnetic storage devices.

Computer program code for carrying out operations of the present invention may be written in an object oriented programming language such as Java®, Smalltalk
10 or C++. However, the computer program code for carrying out operations of the present invention may also be written in conventional procedural programming languages, such as the "C" programming language. Particular cine display systems may utilized Interactive Data Language (IDL) of Research Systems, Inc., Boulder, CO, to provide cine displays suitable for use in embodiments of the present invention.
15 The program code may execute entirely on the user's computer, partly on the user's computer, as a stand-alone software package, partly on the user's computer and partly on a remote computer or entirely on the remote computer. In the latter scenario, the remote computer may be connected to the user's computer through a local area network (LAN) or a wide area network (WAN), or the connection may be made to an
20 external computer (for example, through the Internet using an Internet Service Provider). Furthermore, the user's computer, the remote computer, or both, may be integrated into other systems, such as an MRI system.

The present invention is described below with reference to flowchart illustrations and/or block diagrams of methods, apparatus (systems) and computer
25 program products according to embodiments of the invention. It will be understood that each block of the flowchart illustrations and/or block diagrams, and combinations of blocks in the flowchart illustrations and/or block diagrams, can be implemented by computer program instructions. These computer program instructions may be provided to a processor of a general purpose computer, special purpose computer, or
30 other programmable data processing apparatus to produce a machine, such that the instructions, which execute via the processor of the computer or other programmable data processing apparatus, create means for implementing the functions/acts specified in the flowchart and/or block diagram block or blocks.

These computer program instructions may also be stored in a computer-readable memory that can direct a computer or other programmable data processing apparatus to function in a particular manner, such that the instructions stored in the computer-readable memory produce an article of manufacture including instruction
5 means which implement the function/act specified in the flowchart and/or block diagram block or blocks.

The computer program instructions may also be loaded onto a computer or other programmable data processing apparatus to cause a series of operational steps to be performed on the computer or other programmable apparatus to produce a
10 computer implemented process such that the instructions which execute on the computer or other programmable apparatus provide steps for implementing the functions/acts specified in the flowchart and/or block diagram block or blocks.

Embodiments of the present invention provide for the cardiac diagnostics utilizing temporally synchronized MRI cines of the heartbeat of a patient. The
15 temporally synchronized MRI cines are adjusted to compensate for different heart rates and, accordingly, different cardiac cycle durations. Cardiac diagnostics is performed by evaluating the temporally synchronized MRI cines of a patient being subjected to stress testing. Such evaluation may result in a screening determination as to whether or not a patient likely has CAD.

20 An exemplary system **10** according to embodiments of the present invention is illustrated in **Figure 1**. As seen in **Figure 1**, a cine display/MRI system **10** includes an MRI acquisition system **11** that may include an MRI control system circuit **12**, an MRI pulse excitation system circuit **14** and an MRI signal measurement system circuit **16**. The MRI control system circuit **12** controls operations of the MRI acquisition
25 system **11** to obtain and provide MRI images during a cardiac cycle of a patient. The MRI control system circuit **12** may also assemble and transmit the acquired images to a workstation **20** or other such data processing system for further analysis and/or display. The workstation **20** may be in an MRI suite or may be remote from the MRI suite. The MRI pulse excitation system circuit **14** and the MRI signal measurement
30 system circuit **16** are controlled to acquire MRI signals that may provide MRI images of the heart of a patient.

The MRI images may be acquired, for example, utilizing a fast gradient echo segmented k-space sequence. The k-space segmentation may be adjusted to provide

adequate temporal resolution (13-65 msec) for identification of end of systole, with the end-systolic frame typically being the frame with the smallest left ventricle (LV) cavity dimensions. View sharing may be utilized to provide an intermediate frame between acquired frames. The table below provides an example of the adjustment of

5 k-space segmentation for differing heart rates.

Heart Rate (beats/min)	Views per Segment	Temporal Resolution (msec)	Breathhold Duration (sec)
<55	10	65	10
55-65	8	52	13-11
65-95	6	39	15-10
95-125	4	26	15-12
125-170	2	13	23-17

Alternatively, images may be acquired with other MRI techniques highlighting thickening or relaxation of the LV myocardium.

The MRI images of the frames of the cine loops may include corresponding images of different locations of the heart and at different times during the cardiac cycle of the patient. For example, the images may include slices such as the basal short axis, the long axis, the mid short axis, the apical short axis, four chamber and two chamber slices. In particular embodiments, the desired locations may be selected so as to provide images of LV wall motion. Furthermore, the images may be from different times during a stress test of the patient, for example, at a baseline or resting heart rate and/or at different heart rates and/or different dosages of stress inducing agents, such as dobutamine and atropine or different levels of exercise.

Conventional MRI systems, such as those provided by General Electric Medical Systems, Siemens, Philips, Varian, Bruker, Marconi and Toshiba may be utilized to provide the desired MRI image frames collected during heartbeats of a patient undergoing stress testing that may be temporally compensated and displayed and/or analyzed for biophysical or biophysiological abnormalities for cardiac diagnostics according to embodiments of the present invention as described herein.

While an exemplary cine display/MRI system is illustrated in **Figure 1** and described herein with a particular division of functions and/or operations, as will be appreciated by those of skill in the art, other divisions of functions and/or operations may be utilized while still benefiting from the teachings of the present invention. For

example, the MRI control system circuit **12** could be combined with either the MRI pulse excitation system circuit **14** or the MRI signal measurement system circuit **16**. Thus, the present invention should not be construed as limited to a particular architecture or division of MRI functions/operations but is intended to cover any
5 architecture or division of functions/operations capable of carrying out the operations described herein.

Figure 2 illustrates an exemplary embodiment of a data processing system **230** suitable for providing a workstation **20** and/or MRI control system circuit **12** in accordance with embodiments of the present invention. The data processing system
10 **230** typically includes input device(s) **232** such as a keyboard or keypad, a display **234**, and a memory **236** that communicate with a processor **238**. The data processing system **230** may further include a speaker **244**, and an I/O data port(s) **246** that also communicate with the processor **238**. The I/O data ports **246** can be used to transfer information between the data processing system **230** and another computer system or
15 a network. These components may be conventional components such as those used in many conventional data processing systems that may be configured to operate as described herein.

Figure 3 is a block diagram of embodiments of data processing systems that illustrates systems, methods, and computer program products in accordance with
20 embodiments of the present invention. The processor **238** communicates with the memory **236** via an address/data bus **348**. The processor **238** can be any commercially available or custom microprocessor. The memory **236** is representative of the overall hierarchy of memory devices containing the software and data used to implement the functionality of the data processing system **230**. The memory **236** can
25 include, but is not limited to, the following types of devices: cache, ROM, PROM, EPROM, EEPROM, flash memory, SRAM, and DRAM.

As shown in **Figure 3**, the memory **236** may include several categories of software and/or data used in the data processing system **230**: the operating system **352**; the application programs **354**; the input/output (I/O) device drivers **358**; and the
30 data **356**. As will be appreciated by those of skill in the art, the operating system **352** may be any operating system suitable for use with a data processing system, such as OS/2, AIX or System390 from International Business Machines Corporation, Armonk, NY, Windows95, Windows98, Windows2000, WindowsNT or WindowsXP

from Microsoft Corporation, Redmond, WA, Unix or Linux. The operating systems may be configured to support an TCP/IP-based or other such network communication protocol connection. The I/O device drivers 358 typically include software routines accessed through the operating system 352 by the application programs 354 to
5 communicate with devices such as the I/O data port(s) 246 and certain memory 236 components. The application programs 354 are illustrative of the programs that implement the various features of the data processing system 230 and preferably include at least one application that supports operations according to embodiments of the present invention. Finally, the data 356 represents the static and dynamic data
10 used by the application programs 354, the operating system 352, the I/O device drivers 358, and other software programs that may reside in the memory 236.

As is further seen in **Figure 3**, the application programs 354 may include a cine-loop processing application 360. The cine-loop processing application 360 may carry out the operations described herein for temporally synchronizing cine loops of
15 MRI images, displaying temporally synchronized cine loops of MRI images and/or evaluation of temporally synchronized cine loops of MRI images. The data portion 356 of memory 236, as shown in the embodiments of **Figure 3**, may include MRI image data 362 that includes cine loops of MRI images.

While the present invention is illustrated, for example, with reference to the
20 cine-loop processing application 360 being an application program in **Figure 3**, as will be appreciated by those of skill in the art, other configurations may also be utilized while still benefiting from the teachings of the present invention. For example, the cine-loop processing application 360 may also be incorporated into the operating system 352, the I/O device drivers 358 or other such logical division of the
25 data processing system 230. Thus, the present invention should not be construed as limited to the configuration of **Figure 3** but is intended to encompass any configuration capable of carrying out the operations described herein.

Figure 4 illustrates operations according to certain embodiments of the present invention. As illustrated in **Figure 4**, a stress test is administered to a patient
30 (block 400) and MRI images of the heart of the patient are acquired during the stress test (block 402). The stress test may be any type of stress test that may be administered while MRI images are acquired. In particular embodiments the MRI stress test is a biochemically induced stress test using an agent such as dobutamine or

the like or before, during or after exercise. The administration of cardiac stress tests are known to those of skill in the art and, therefore, are not described further herein.

The MRI images, which may provide cine loops of heart beats at differing locations of the heart and/or different dose levels of a stress inducing agent, are temporally synchronized such that each cine loop has the same number of MRI images or frames so as to compensate for different heart rates of the differing cine loops (block 404). Thus the absolute time corresponding to a given frame of a cine loop may differ between cine loops, however, the frames of different cine loops would correspond to approximately the same percentage of time of the cardiac cycle. The cine loops may also be synchronized to the cardiac cycle such that each cine loop begins at the same portion of the cardiac cycle. The compensated cine loops are then evaluated to assess a state of cardiac physiology of the patient (block 406), for example, by providing the cine loops to a workstation for display such that the evaluation occurs in near real time. Such an assessment may be made, for example, by displaying the cine loops for a given location for several or all doses and/or displaying the cine loops for several or all locations for a given dose. The displayed cine loops may be evaluated by a physician to assess cardiac physiology. Such an assessment may include, for example, a determination of the presence or absence of CAD, a change in the severity of CAD, the efficacy of a cardiac treatment regime or the like.

These operations may be repeated until the MRI images for the desired locations (block 408) and for the desired stress test levels (block 410) are obtained and compensated as described herein. Thus, if additional views are to be acquired (block 408) operations continue with obtaining additional MRI images (block 402). If additional stress levels are to be evaluated (block 410), operations continue with the administration of additional stress tests (block 400).

The temporal synchronization of the cine loops has been found to allow physicians to evaluate cardiac physiology more effectively without introducing artifacts and/or distortions through the temporal synchronization process that would obscure information or provide false information that would lead to invalid evaluations. Furthermore, the temporal synchronization of the cine loops has been found to increase the effectiveness of the evaluation of MRI cine loops as it allows the physician to simultaneously visually compare heart motion at different heart rates

where the display heart motion is synchronized to the portion within the cardiac cycle. Thus, each displayed image is at approximately the same time within a heart beat. Accordingly, differences in wall motion at different heart rates may be directly compared to detect any abnormality. As discussed above, it has been found that the temporal synchronization process described herein allows for such a display without introducing inaccuracies, artifacts or other such distortions that would hinder the evaluation process. Furthermore, the evaluation process may be performed in a sufficiently real-time manner so as to allow a physician to utilize the MRI cine loops to monitor a stress test while the stress test is being performed. Such monitoring may be useful both in administering the stress test and in evaluation of a patient's condition based on the results of the stress test. By providing the cine loop information in a form that allows for simultaneous direct comparison of data for differing heart rates a physician may rapidly assess the cardiac physiology of a patient so as to adjust parameters of the test and/or avoid injury to the patient.

In still further embodiments of the present invention, the evaluation of the cine loops may be performed automatically or partially automatically utilizing image processing techniques. Such an automatic evaluation may be facilitated by the temporal synchronization of the cine loops as data sets having a common size would be provided and corresponding frames within the data sets would correspond to a common portion within a cardiac cycle. For example, the cine loops or a portion of the images within the cine loops may be compared to each other or a reference so as to highlight deviations from a baseline cine loop. Thus, for example, a baseline wall motion cine loop may be compared to differing dose cine loops and the differences displayed and/or compared to thresholds so as to provide an indication and/or assessment of cardiac physiology. Such a comparison of the cine loops may be made possible and/or simplified because the location within each cine loop corresponds to approximately the same time within the cardiac cycle such that similarly situated frames within differing cine loops may be directly compared to each other.

An automatic comparison may, for example, also include registration of the differing cine loops to the baseline loops. Such a registration may be provided utilizing conventional pattern recognition and/or alignment techniques such that corresponding pixels of the cine loops or portions of the cine loops are each associated with approximately the same physical location within the patient. In

particular embodiments, the comparisons may be 3 (x,y, t), 4 (x,y,z,t) and/or 5 (x,y,z,t,dose) dimensional.

The cine loops may be compensated by repeating images, increasing or decreasing the time an image is displayed and/or by removing images from the cine loops. The cine loops may be temporally synchronized by providing the same number of images or frames in each loop. Thus, each displayed heartbeat of the patient may be displayed for the same period of time irrespective of the heart rate at which the cine loop was acquired. Loops which have more frames may have frames removed and loops with fewer frames may have frames added. Frames may be added by repeating frames in the loop. Frames may be added in a virtual manner by increasing the duration that a frame is displayed. Such a virtual addition of frame may need less storage requirement than the physical repetition of frames in a loop. The frames added or removed may be distributed throughout the loop and are preferably distributed substantially evenly throughout the loop. Furthermore, the cine loops may be synchronized to the patients cardiac cycle such that each cine loop begins at approximately the same part in the cardiac cycle. Techniques for synchronizing MRI cine loops to the cardiac cycle of a patient are known to those of skill in the art and, therefore, need not be described further herein.

In particular embodiments of the present invention, the display of cine loops is provided in real time. In other embodiments, the display of cine loops is provided in near real time. Such real time or near real time display of cine loops of a patient undergoing stress testing may be utilized to provide safe stress testing by allowing for rapid analysis and monitoring of the stress test such that patient injury may be avoided. In still other embodiments, the display of cine loops is provided from stored information and may be performed "off-line." Such off-line analysis may be suitable for detailed or more time consuming analysis of the cine loops. Furthermore, the acquisition of data, construction of images and/or the transfer of images of a cine loop may be overlapped with each other so as to reduce apparent latency between the acquisition and the display of images.

Figure 5 is a screen capture of a cine loop display suitable for use in embodiments of the present invention. As seen in **Figure 5**, a plurality of cine loops **502** are simultaneously displayed. The cine loops have been time synchronized as described above. As is seen in **Figure 5**, the different cine loops have associated with

them different heart rates, however, each cine loop is displayed for the same duration. **Figure 5** illustrates the display of different locations for the same dose, however, different doses may be selected and/or the display of the same location for different doses through the use of the radio buttons **504**. Thus, a physician may rapidly switch
5 between the various display mechanisms when evaluating the compensated cine loops.

Figure 6 illustrates operations according to further embodiments of the present invention. As seen in **Figure 6**, user input may be obtained to crop a cine loop base image and/or to adjust contrast, brightness, gamma or other display levels
10 of the base cine loop image (block **600**). The cropping and/or level adjustment may then be propagated automatically to the remaining images in the base cine loop and to the other cine loops that are displayed or are stored (block **604**). Thus, a physician may rapidly adjust the display of the cine loop images without the need to adjust each image and/or loop individually. Optionally, the cropping and/or level information
15 may be stored and associated with the cine loops. The cine loops may also be stored, for example, on a hard drive or other storage media, and recalled at a later time for display and/or analysis. The stored cine loops could then be displayed with the cropping and/or level information automatically applied.

While embodiments of the present invention have been described primarily
20 with reference to near real time evaluation of the MRI images, as will be appreciated by those of skill in the art in light of the present disclosure, evaluation of the MRI images could also occur "off line" or after a substantial delay. For example, prior MRI images could be displayed and compared with current MRI images to determine if improvement, possibly resulting from a course of treatment, has occurred in wall
25 motion and/or perfusion. Thus, the present invention should not be construed as limited to the evaluation of MRI cine loop images immediately after acquisition.

The foregoing is illustrative of the present invention and is not to be construed as limiting thereof. Although a few exemplary embodiments of this invention have been described, those skilled in the art will readily appreciate that many modifications
30 are possible in the exemplary embodiments without materially departing from the novel teachings and advantages of this invention. Accordingly, all such modifications are intended to be included within the scope of this invention as defined in the claims.